" MULTIPLE DEPENDENT CLAIM								SERIAL NO.				FILING DATE		
FEE CALCULATION SHEET								10/56/6943						
(FOR USE WITH FORM PTO-875)														
CLAIMS														
	AS FILED		AFTER 1* AMENDMENT		AFTER 2 ** AMENDMENT				AS F	ILED	AFTER 1* AMENDMENT		AFTER 2 ™ AMENDMENT	
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TOTAL CLAIMS			160					TOTAL CLAIMS		3.5				
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